

COMMUNITY HOLIDAY COALITION
"Neighbors Helping Neighbors"
2006

<i>Referral Source Only</i>	
Reviewed by:	_____
Agency:	_____
Approved:	Yes ____ No ____

Submit only one application per family

You must complete every blank in order for the application to be processed.
You must include the income of everyone in your home.

Name: _____ Phone Number: _____

Address: _____
Street City ZIP

List everyone LIVING in your home, starting with yourself:
(do not include children living outside your home or roommates)

First and Last Name	SSN	Age	Male/Female	Relationship to you
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Gross Monthly Income for the entire Family

From work (Gross) _____
Food Stamps _____
SSA/SSI _____
TANF/GR _____
Child Support _____
Unemployment _____
Other _____
TOTAL INCOME _____

Monthly Family Expenses

Rent/Mortgage _____
Electric/Gas _____
Phone _____
Car Payment/Insurance _____
Day Care _____
Medical/Dental _____
Other (list) _____
TOTAL EXPENSES _____

I wish to be considered for: Both _____ Thanksgiving only _____ (food, personal care basket, coats)
Christmas only _____ (food, new clothes & gifts for children & elderly)

Are you or any member of your family disabled? Yes _____ No _____ Who? _____

You may only receive assistance from one organization each year. We will check with other organizations to avoid duplication. Please initial that you understand: _____

CHILDREN ARE NOT ALLOWED AT THE STORE. PLEASE INITIAL THAT YOU UNDERSTAND. _____

I certify that the above information is true and correct. I understand that if I do not state the truth on this form, I will not get help from the Coalition. I give my permission to the Coalition to check and share my personal and confidential case records as necessary to verify the above information.

Signature _____

Date _____

Completion of this form does not mean you will receive gifts and/or food from the Coalition.

DEADLINES:

October 30 for THANKSGIVING

November 27 for CHRISTMAS

Return application to: Loudoun County Department of Family Services
102 Heritage Way, NE, Suite 103
Leesburg, VA 20176